2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N33619

1. Entity Name
THE SPORTSMAN'S LODGE RECREATION AREA



FILED Apr 24, 2008 8:00 am Secretary of State

04-24-2008 90101 030 ****61.25

	ATION, INC.	KLATION	ANLA			_				
Principal Place of Business PO BOX 848 WELAKA, FL 32193		79 M	Mailing Address 79 MASTERS DR SAINT AUGUSTINE, FL 32084							
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Principal Place of Business - No P.O. Box #		3. Maili	3. Mailing Address				}		H B1814 B181 B18.	ISION DI ILLEI
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			02192008	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State				4. FEI Numbe 59-2996			⊢	oplied For ot Applicable
Zip	Country	Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registere	d Agent			7. Name and	Address of Nev	v Registered /	Agent	
BECKER & POLIAKOFF, P.A.				Name	,					
C/O C. JO	HN CHRISTENSEN, ESQ. FLAND CENTER PKWY., STI	E.209	i			ess (P.O. Box Number is Not Acceptable)				
	D, FL 32714									
				City				FL	Zip Cod	e
	e named entity submits this statement tions of registered agent.	for the purpo	ose of changing its re	egistered office	or register	red agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept
(ile obligat						•	. 2.			
SIGNATURE				<u> </u>			<u> </u>			<u>.</u>
								DATE		
,	Signature, typed or printed name of registered age	ent and little it appr	RCADIE. (NOTE:	Registered Agent sig	nature required	when reins(ating)		,	1,024%	<u> </u>
	Filing Fee is \$61.25 Due by May 1, 2008	ent and noe ii appr	9. Election Cam Trust Fund Co	paign Financin	<u> </u>	\$5.00 May B Added to Fees		Make check lorida Depar	k payable t	0
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oaytime Phone #